

Express Mail Label No.: E39989005US

60709-00013  
PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Demko et al.

Serial No.: 09/710,056

Filed: November 10, 2000

For: ELECTRONIC BOARDROOM



Art Unit: 3621

Examiner: John M. Winter

*Handwritten notes:*  
11/04/03  
me  
1 month  
11/04/03  
me

**AMENDMENT**

Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In response to the Office Action dated June 30, 2003, please amend the above-identified patent application as follows:

10/30/2003 EFLORES 00000108 012384 09710056  
01 FC:1251 110.00 DA

**RECEIVED**  
OCT 31 2003  
GROUP 3621



10-29-03

60709-00013  
PATENT

693621

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Demko et al. :  
Serial No.: 09/710,056 : Art Unit: 3621  
Filed: November 10, 2000 : Examiner: John M. Winter  
For: ELECTRONIC BOARDROOM :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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OCT 31 2003  
GROUP 3600

## TRANSMITTAL

- Transmitted herewith is:  
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated June 30, 2003 (21 pgs.); Return post card

## STATUS


- Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No. EV339989005US

Date: October 28, 2003

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Daniel M. Fitzgerald, Reg. No. 38,880

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response within:                  | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|---|--------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> first month | \$ 110.00                      | \$ 55.00                            |
| <input type="checkbox"/> second month           | \$ 420.00                      | \$ 210.00                           |
| <input type="checkbox"/> third month            | \$ 950.00                      | \$ 475.00                           |
| <input type="checkbox"/> fourth month           | \$1,480.00                     | \$ 740.00                           |
| <input type="checkbox"/> fifth month            | \$2,010.00                     | \$ 1,005.00                         |
|   | Fee Due                        | \$ 110.00                           |

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$110.00.

**OR**

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|        | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (Col. 2)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA | SMALL ENTITY<br>ADDITIONAL<br>RATE FEE | OR | OTHER THAN<br>SMALL ENTITY<br>ADDITIONAL<br>RATE FEE |
|--------|---|---|------------------------------|--|----|--|
| TOTAL  |   | MINUS   | =                            | x \$9 = \$                             |    | x \$18 = \$  |
| INDEP. |   | MINUS   | =                            | x \$42 = \$                            |    | x \$84 = \$  |
| —      | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM             |   |                              | + \$140 = \$                           |    | + \$280 = \$   |
|        |   |   |                              | TOTAL ADDITIONAL<br>FEE \$             | OR | TOTAL ADDITIONAL<br>FEE                              |

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

5.        Attached is a check in the sum of \$

☒ Charge Deposit Account No. 01-2384 the sum of \$110.00.  
A duplicate of this transmittal is attached.

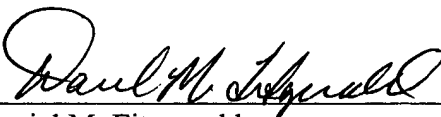
**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:

  
\_\_\_\_\_  
Daniel M. Fitzgerald  
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314/621-5070